Periscope.

CLINICAL NEUROLOGY.

49 EXPERIMENTELLE UNTERSUCHUNGEN ÜBER DAS FEHLEN DES KNIEPHÄNOMENS BEI HOHER RÜCKENSMARKSVERLETZUNG (Experimental Researches on the Failure of the Knee-jerk in Lesions of the Upper Spinal Cord). A. Margulies (Wiener klinische Rundschau, 1899, xiii, 52, S. 925).

After reviewing the literature of the subject, the author gives the results of his own experiments upon rabbits and dogs.

In some cases he cut the cord at about the fifth or sixth cervical segment, in others by proceeding on a wedge-shaped instrument held over the seventh cervical spine he destroyed both vertebral arch and cord at this level, or exposing the cord in the spinal canal he crushed it with a blunt instrument. He found that in the cases sectioned there was always exaggeration of the knee-jerk, while where the cord was crushed, provided the destruction was complete, the knee-jerk was lost, and remained absent for at least a week, while if the destruction was but partial, though temporarily lost, the knee-jerk returned in a few hours or days. Examination of the lumbar segments and nerve roots showed no alteration in the reflex arc. The author finds himself unable to accept Bastian's theory of the cutting off of the influence of the cerebellum and can propose no explanation for the loss of the knee-reflex except through the action of shock, which term he uses in its broadest sense. The exaggeration or absence of the reflex may be a symptom of prognostic importance, since the later condition indicates a more profound injury to the cord.

ALLEN.

50 LE TROPHOEDEME CHRONIQUE HÉREDITAIRE (Chronic Hereditary Tropho-Edema). Henry Meige (Nouvelle Icon. de la Salpêtrière, Nov., Dec., 1899).

Under the term *dystrophie oedemateuse héréditaire* the author called attention in 1898 to a condition which had been little observed. In the present article are collected observations on eight members of the same family, men and women, comprising four generations, five of whom are now living, all of them having the same affection—a chronic edema, white, hard and painless, which appeared at the age of puberty and occupied sometimes the feet and legs and sometimes the whole extremities and was bilaterally distributed. Such a definite heredity destroys the possibility that this condition may be classed with the edemas more commonly known. The various diseases causing edema are noted, such as phlebitis, erysipelas, elephantiasis, alcoholic edema, angio-neurotic edema, myxedema, hysterical edema and chronic rheumatic edema. From a consideration of the seven cases of hereditary edema found in literature and the present cases, and the cases of Higier and Milroy, the author believes that he is justified in forming a special class of edemas. This edema is hereditary and familiar, capable of invading progressively the lower extremities, stopping at times at the ankle, the knee or the thigh. It is painless, afebrile, chronic and constant. It does not affect the general health in any way and persists to old age. The author proposes to designate the condition by the term chronic hereditary tropho-edema. No definite pathological explanation of the condition is attempted, but

on account of its appearance at the time of puberty and its resistance to all therapeutic measures the disease is probably to be regarded as a developmental one. SCHWAB.

51 UEBER TELEANGIEKTASIEN MIT UNILATERALER HYPERTROPHIE UND ÜBER KNOCHENVERLÄNGERUNG BEI SPINALER KINDERLÄHMUNG (Concerning Telangiectasia with Unilateral Hypertropny and Concerning Elongation of the Bones in Infantile Spinal Paralysis). S. Kalischer. (Monatsschrift für Psychiatrie und Neurologie, Vol. 6, p. 431).

A child, three and a half years old. had since birth diffuse angioma or lymphangiectasia on the right breast and abdomen as far as the umbilicus, extending at this point beyond the median line. Both sides of the back were involved and similar areas were found on both hips, right arm, left leg, etc. The right lower extremity was much thickened and lengthened. The right hand was larger than the left, although the right thumb and the right big toe were smaller than those on the left side. The left mammary gland was larger than the right. Muscle and bone seemed to share equally in the nypertrophy. No distinct signs of involvement of the nervous system were seen. Kalischer refers to similar cases in the literature and reports a case of infantile spinal paralysis in which one lower extremity at one time was 2 cm. longer than the other, and three years later had become shorter than the other. He thinks the theory of trophic influence and dystrophy best explains the elongation of the bones observed in a few cases of infantile spinal paralysis. SPILLER.

52 UEBER DEN "FEMORALREFLEX" BEI LEITUNGSSTÖRUNG DES DORSALMARKS (The So-called Femoral Reflex in Interrupted Conductivity of the Dorsal Region of the Spinal Cord). E. Remak (Neurol. Centralbl., 18, 1900, p. 7).

The present contribution is interesting in view of the discussion now going on concerning Babinski's extensor reflex of the toes. Remak, in presenting a case before the Berliner Gesellschaft für Psych. und Nervenkrankheiten, Dec. 11, 1899, recalls to the minds of his hearers the fact that in 1893—before this same society—he demonstrated as a "femoral reflex" one which he was able to produce by irritation of a well-defined zone on the upper anterior aspect of the thigh of a four-year-old child with a transverse myelitis below the 7th dorsal segment. This reflex consisted first of a plantar flexion of the first three toes and then of a slow extension of the knee joint through contraction of the quadriceps extensor. The opinion then expressed by him was that there must be a preformed reflex path which—with increased reflex excitability of the lumbar cord from disturbed cord conductivity in approximately the region between the 8th and 12th dorsal segments—permitted stimulation of the above-designated skin area to bring about reflexes always topographically identical. The quadriceps contraction he believed to be the same sort of thing as the "pseudo-knee phenomenon" described by C. Westphal in 1882 in connection with a case of paraplegia from spondylitis of the lower dorsal vertebræ.

Remak then goes on to say that, in the same year (1893), in a discussion of a paper by W. Koenig, "On the Reflex Phenomena to be Observed on Irritation of the Plantar Surface of the Foot," he reported that he had met with three further cases of femoral reflex, two in spondylitic spastic paraplegia in children and one in spinal